

042004
01576 U.S.P.T.O.UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	019491-008010US
First Inventor	Marco Busse
Title	SYSTEMS AND METHODS FOR SIMULATING GAME STATE CHANGES RESPONSIVE TO AN INTERRUPT CONDITION
Express Mail Label No.	EV 338468365 US

15439 U.S.P.T.O.
10/828597042004
15439 U.S.P.T.O.
10/828597

APPLICATION ELEMENTS		ADDRESS TO
See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 16] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 2]</p> <p>5. Oath or Declaration [Total Pages 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper number of pages c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>9. <input checked="" type="checkbox"/> Assignment (from parent; reel 013329, frame 0075)</p> <p>10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of copy (when there is an assignee) Attorney (copy)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input checked="" type="checkbox"/> Other: Title Page</p>		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: 10/154,397
Prior application information: Examiner John M. Hotaling Art Unit: 3713

For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	20350	OR	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Gerald T. Gray		Registration No. (Attorney/Agent)	41,797
Signature	<i>Gerald T. Gray</i>		Date	April 20, 2004

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 878)

Complete if Known	
Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Busse, Marco
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	019491-008010US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	770
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$770)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from below	Fee Paid
Total Claims	26	-20** = 6 X\$18 =	\$108
Independent Claims	3	-3** = 0 X\$6 =	\$0
Multiple Dependent		X =	

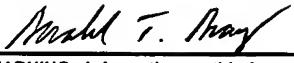
Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$108)

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65		Surcharge - late filing fee or oath
1052	50	2052	25		Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130		Non-English specification
1812	2,520	1812	2,520		For filing a request for reexamination
1804	920*	1804	920*		Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*		Requesting publication of SIR after Examiner action
1251	110	2251	55		Extension for reply within first month
1252	420	2252	210		Extension for reply within second month
1253	950	2253	475		Extension for reply within third month
1254	1,480	2254	740		Extension for reply within fourth month
1255	2,010	2255	1,005		Extension for reply within fifth month
1401	330	2401	165		Notice of Appeal
1402	330	2402	165		Filing a brief in support of an appeal
1403	290	2403	145		Request for oral hearing
1451	1,510	1451	1,510		Petition to institute a public use proceeding
1452	110	2452	55		Petition to revive - unavoidable
1453	1,330	2453	665		Petition to revive - unintentional
1501	1,330	2501	665		Utility issue fee (or reissue)
1502	480	2502	240		Design issue fee
1503	640	2503	320		Plant issue fee
1460	130	1460	130		Petitions to the Commissioner
1807	50	1807	50		Petitions related to provisional applications
1806	180	1806	180		Submission of Information Disclosure Stmt
8021	40	8021	40		Recording each patent assignment per property (times number of properties)
1809	770	2809	385		Filing a submission after final rejection (37 CFR § 1.129(a))
1810	770	2810	385		For each additional invention to be examined (37 CFR § 1.129(b))
1801	770	2801	385		Request for Continued Examination (RCE)
1802	900	1802	900		Request for expedited examination of a design application
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					

SUBMITTED BY

Complete (if applicable)					
Name (Print/Type)	Gerald T. Gray		Registration No. (Attorney/Agent)	41,797	Telephone
Signature				Date	April 20, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.